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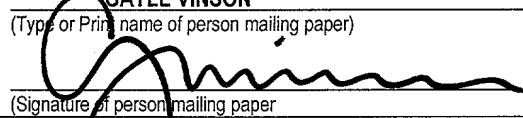
11/13/01 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
**UTILITY PATENT APPLICATION TRANSMITTAL**

10/001499  
11/14/01

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that on **November 14, 2001** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EL 828125210US** addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, DC 20231.

**GAYLE VINSON**  
(Type or Print name of person mailing paper)  
  
(Signature of person mailing paper)

Attorney Docket No. 0179.0029  
First Inventor: Zhou  
Title: Self-Adhesive Prepreg

Commissioner of Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation (in duplicate)	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 3]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input checked="" type="checkbox"/> Power of Attorney (on Declaration)	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 19]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 3]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FEE CALCULATION:** The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$370.00		\$740.00
Total Claims	25 - 20 =	5	x \$ 9.00		x \$ 18.00	
Independent Claims	3 - 3 =	0	x \$ 42.00		x \$ 84.00	0.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00		+ \$280.00	0.00
			Total		Total	740.00

**METHOD OF PAYMENT**

☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account No. **08-2060**  
Deposit Account Name **Hexcel Corporation**

☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status 37 CFR 1.27

☐ **Payment Enclosed:**  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

  
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Dated: **November 14, 2001**